

FILED

7/18/02

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOISMB NOV 30 2007
NOV 30 2007
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURTIN FORMA PAUPERIS APPLICATION
AND
FINANCIAL AFFIDAVITBonelle McMullen
Plaintiff

v.

Thomas Dart Scott Kurtovich
Leonard B Bershu
Defendant(s) Connie Mennelly07CV 6738
JUDGE NORDBERG
MAGISTRATE JUDGE MASON

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, Bonelle McMullen, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other _____) in the above-entitled case. This affidavit constitutes my application ☐ to proceed without full prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☒ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)

I.D. # B-75198 Name of prison or jail: _____Do you receive any payment from the institution? ☐ Yes ☐ No Monthly amount: _____

2. Are you currently employed? ☐ Yes ☒ No

Monthly salary or wages: _____

Name and address of employer: _____

- a. If the answer is "No":

Date of last employment: 6-20-07Monthly salary or wages: \$488Name and address of last employer: Country Kitchen8727* CO-HAGE GROVE CHICAGO ILL 60616

- b. Are you married? ☐ Yes ☒ No

Spouse's monthly salary or wages: _____

Name and address of employer: _____

3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.

- a. Salary or wages

☐ Yes☒ No

Amount _____ Received by _____

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No
Amount _____ Received by _____
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No
Amount _____ Received by _____
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No
Amount _____ Received by _____
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No
Amount _____ Received by _____
- f. ☐ Any other sources (state source: _____) ☐ Yes ☒ No
Amount _____ Received by _____
4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☐ No Total amount: _____
In whose name held: _____ Relationship to you: _____
5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No
Property: _____ Current Value: _____
In whose name held: _____ Relationship to you: _____
6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No
Address of property: _____
Type of property: _____ Current value: _____
In whose name held: _____ Relationship to you: _____
Amount of monthly mortgage or loan payments: _____
Name of person making payments: _____
7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No
Property: _____
Current value: _____
In whose name held: _____ Relationship to you: _____
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☐ No dependents
TYNE SHARON Bennett Daughter Kopia Bennett My
Daughter Mother \$150 A MONTH When I was
Working

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 10-16-07

Bonelle McMullen
Signature of Applicant

Bonelle McMullen
(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein B. McMullen I.D.# B75198, has the sum of \$ 2.03 on account to his/her credit at (name of institution) Shawnee C.C.

I further certify that the applicant has the following securities to his/her credit: _____. I further certify that during the past six months the applicant's average monthly deposit was \$ _____.

(Add all deposits from all sources and then divide by number of months).

Nov. 7, 2007
DATE

Judy Billingsley
SIGNATURE OF AUTHORIZED OFFICER
Judy Billingsley
(Print name)

Time: 7:55am

d_list_inmate_trans_statement_composite

Shawnee Correctional Center

Trust Fund

Inmate Transaction Statement

REPORT CRITERIA - Date: 05/01/2007 thru End: Inmate: B75198; Active Status Only ? : No; Print Restrictions ? : Yes;
 Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print
 Balance Errors Only ? : No

Inmate: B75198 McMullen, Ronelle

Housing Unit: SHA-02-A -66

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
Beginning Balance:							0.00
08/24/07	Mail Room	04 Intake and Transfers In	236238	160482	Stateville C.C.	-4.47	-4.47
09/04/07	Mail Room	01 MO/Checks (Not Held)	247272	242081	McMullen, Antoinette	20.00	15.53
09/10/07	Point of Sale	60 Commissary	253733	492073	Commissary	-13.19	2.34
09/14/07	Disbursements	84 Library	257338	Chk #126666	DOC: 523 Fund Library, Inv. Date: 08/27/2007	-1.15	2.19
09/14/07	Disbursements	84 Library	257338	Chk #126666	DOC: 523 Fund Library, Inv. Date: 09/05/2007	-1.15	2.04
09/14/07	Disbursements	90 Medical Co-Pay	257338	Chk #126667	DOC: 523 Fund Inmate Reimburse, Inv. Date: 09/06/2007	-2.00	.04
09/19/07	Mail Room	01 MO/Checks (Not Held)	262272	1154639	Brown, Calvin	50.00	50.04
09/19/07	Mail Room	01 MO/Checks (Not Held)	262272	1154640	Brown, Calvin	50.00	100.04
09/20/07	Payroll	20 Payroll Adjustment	263138		P/R month of 08/2007	7.14	107.18
10/12/07	Mail Room	01 MO/Checks (Not Held)	285218	244379	Brown, Calvin	25.00	132.18
10/12/07	Mail Room	01 MO/Checks (Not Held)	285218	244378	Brown, Calvin	50.00	182.18
10/15/07	Point of Sale	60 Commissary	288735	495368	Commissary	-182.07	.11
10/17/07	Payroll	20 Payroll Adjustment	290183		P/R month of 09/2007	9.46	9.57
10/25/07	Point of Sale	60 Commissary	298782	496886	Commissary	-9.35	.22

Total Inmate Funds: .22

Less Funds Held For Orders: .00

Less Funds Restricted: 2.25

Funds Available: -2.03

Total Furloughs: .00

Total Voluntary Restitutions: .00

RESTRICTIONS

Invoice Date	Invoice Number	Type	Description	Vendor	Amount
11/01/2007		Disb	Library	2 DOC: 523 Fund Library	\$2.25
Total Restrictions:					\$2.25